

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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CalHFA - LEGAL

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Spears		L.	Steven

1. Office, Agency, or Court

Agency Name

California Housing Finance Agency

Division, Board, Department, District, if applicable

CalHFA Board of Directors

Your Position

Executive Director/Board Member

► If filing for multiple positions, list below or on an attachment.

Agency: see attached

Position: Committee Member

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is 04 / 22 / 10, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

► Total number of pages including this cover page: 3

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

P.O. Box 4034

CITY

Sacramento

STATE

CA

ZIP CODE

95814

DAYTIME TELEPHONE NUMBER

(916) 326-8086

E-MAIL ADDRESS

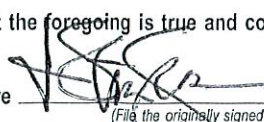
sspears@calhfa.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/1/2011
(month, day, year)

Signature



(File the originally signed statement with your filing official.)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>L. Steven Spears</u>
--

▶ NAME OF SOURCE

Bank of America

ADDRESS (Business Address Acceptable)

333 S. Hope St.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Los Angeles, CA 90071

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/12/10</u>	<u>\$15.78</u>	<u>lunch mtg.</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

Calif. State Protocol Foundation

ADDRESS (Business Address Acceptable)

1215 K Street, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/17/10</u>	<u>\$1.44</u>	<u>Exterior reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

ATTACHMENT

Agency: STATE TREASURER'S OFFICE

Position: COMMITTEE MEMBER

- 1) California Tax Credit Allocation Committee ("TCAC")
- 2) California Debt Limit Allocation Committee ("CDLAC")
- 3) Housing Finance Committee for the Housing and Homeless Bond Act of 1988
- 4) Housing Finance Committee for the Housing and Homeless Bond Act of 1990
- 5) Housing Finance Committee for the Housing and Emergency Shelter Trust Fund Act of 2002
- 6) Housing Finance Committee for the Housing and Emergency Shelter Trust Fund Act of 2006